VOTING INFORMATION

UNIIT VOTING ASSISTANCE OFFICER

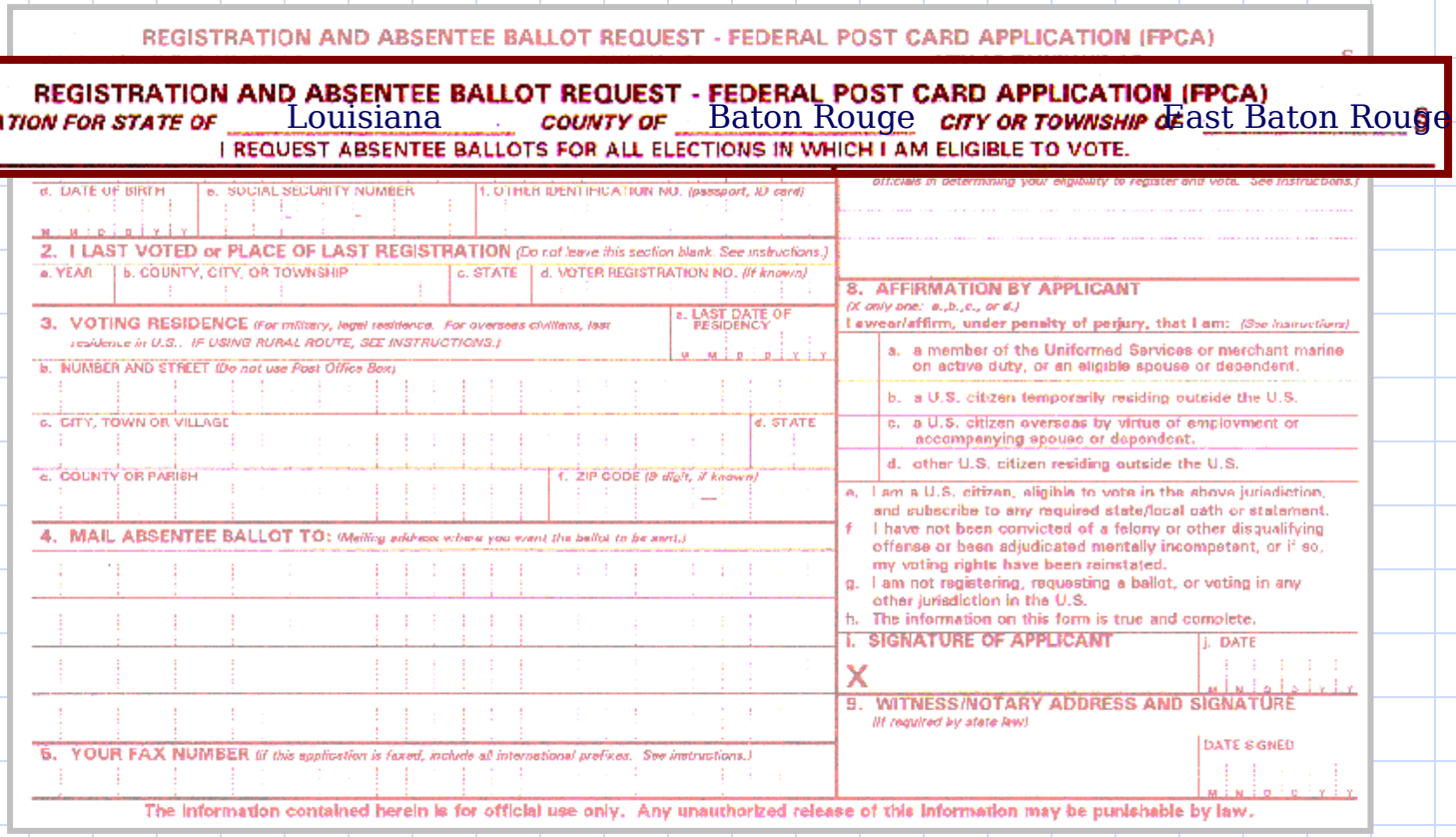
PURPOSE

- PROVIDE INFORMATION ON HOW TO REGISTER TO VOTE USING THE FPCA
- PROVIDE VOTING WEBSITES
- SHOW WERE VOTING INFORMATION CAN BE FOUND

Federal Post Card Application (FPCA)

- Make sure to fill out your State & county at the top of your card.
- Fill out blocks 1-8h. Each State has a different requirements for Block 9. If block 9 is required do not sign. Come see UVAO and he will Notarize your card. If not sure come see UVAO.
- Where do I find information on State Requirements? The UVAO or http://www.fvap.gov

Federal Voting Assistance Program



REGISTRATION AND ABSENTEE BALLOT REQUEST - FEDERAL POST CARD APPLICATION (FPCA)

APPLICATION FOR STATE OF Louisiana COUNTY OF Baton Rouge CITY OR TOWNSHIP OF East Baton Rouge

I REQUEST ABSENTEE BALLOTS FOR ALL ELECTIONS IN WHICH I AM ELIGIBLE TO VOTE.

d. DATE OF BIRTH (M M / D D / Y Y) | e. SOCIAL SECURITY NUMBER | f. OTHER IDENTIFICATION NO. (passport, ID card)

2. I LAST VOTED or PLACE OF LAST REGISTRATION (Do not leave this section blank. See instructions.)

a. YEAR | b. COUNTY, CITY, OR TOWNSHIP | c. STATE | d. VOTER REGISTRATION NO. (If known)

3. VOTING RESIDENCE (For military, legal residence. For overseas civilians, last residence in U.S.. IF USING RURAL ROUTE, SEE INSTRUCTIONS.) | e. LAST DATE OF RESIDENCY (M M / D D / Y Y)

b. NUMBER AND STREET (Do not use Post Office Box)

c. CITY, TOWN OR VILLAGE | d. STATE

e. COUNTY OR PARISH | f. ZIP CODE (5 digit, if known)

4. MAIL ABSENTEE BALLOT TO: (Mailing address where you want the ballot to be sent.)

5. YOUR FAX NUMBER (If this application is faxed, include all international prefixes. See instructions.)

officials in determining your eligibility to register and vote. See instructions.)

8. AFFIRMATION BY APPLICANT

(X only one: a., b., c., or d.)

I swear/affirm, under penalty of perjury, that I am: (See instructions)

a. a member of the Uniformed Services or merchant marine on active duty, or an eligible spouse or dependent.

b. a U.S. citizen temporarily residing outside the U.S.

c. a U.S. citizen overseas by virtue of employment or accompanying spouse or dependent.

d. other U.S. citizen residing outside the U.S.

e. I am a U.S. citizen, eligible to vote in the above jurisdiction, and subscribe to any required state/local oath or statement.

f. I have not been convicted of a felony or other disqualifying offense or been adjudicated mentally incompetent, or if so, my voting rights have been reinstated.

g. I am not registering, requesting a ballot, or voting in any other jurisdiction in the U.S.

h. The information on this form is true and complete.

i. SIGNATURE OF APPLICANT X | j. DATE (M M / D D / Y Y)

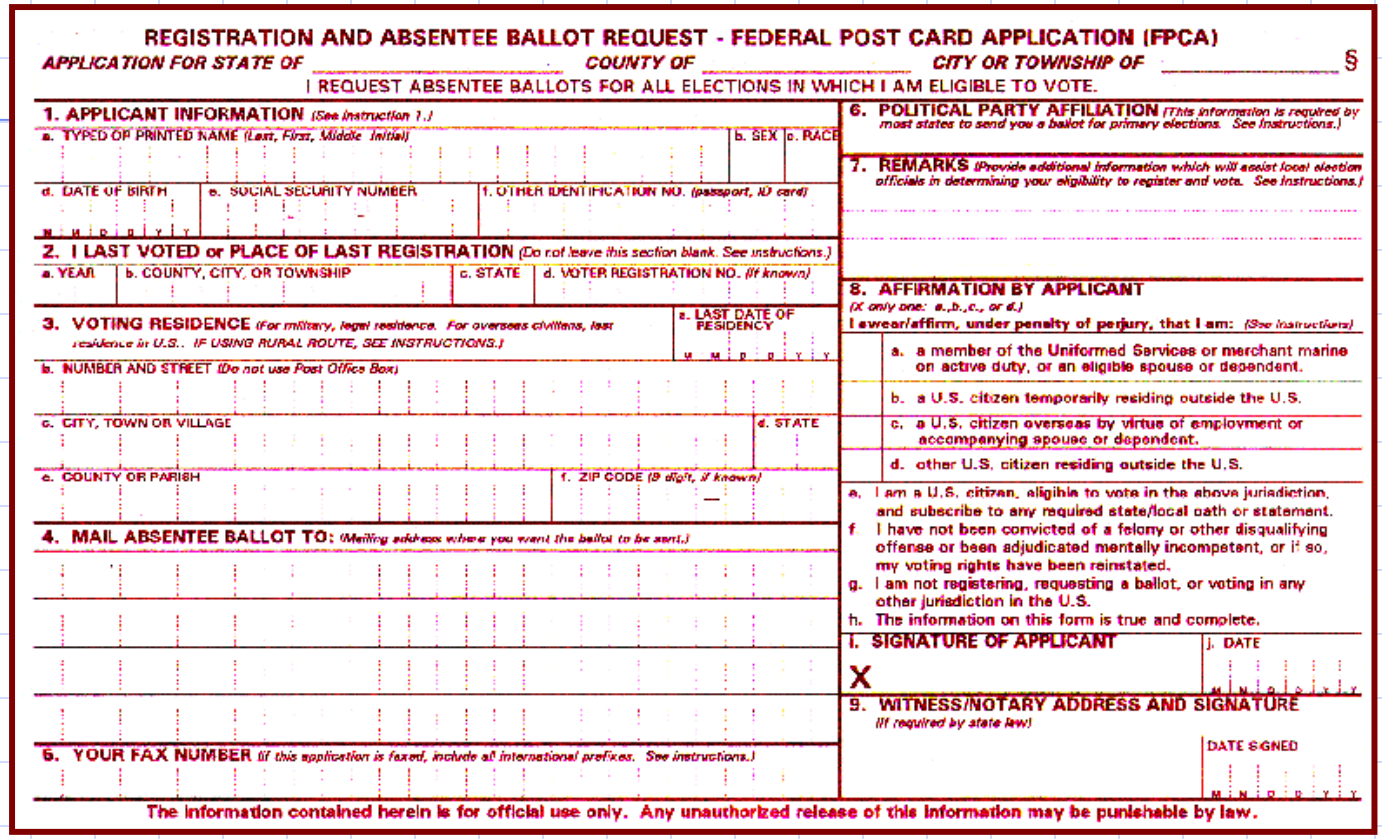
9. WITNESS/NOTARY ADDRESS AND SIGNATURE (If required by state law)

DATE SIGNED (M M / D D / Y Y)

The information contained herein is for official use only. Any unauthorized release of this information may be punishable by law.

State, County, City or Township

Federal Voting Assistance Program



REGISTRATION AND ABSENTEE BALLOT REQUEST - FEDERAL POST CARD APPLICATION (FPCA)

APPLICATION FOR STATE OF _____ COUNTY OF _____ CITY OR TOWNSHIP OF _____ §

I REQUEST ABSENTEE BALLOTS FOR ALL ELECTIONS IN WHICH I AM ELIGIBLE TO VOTE.

1. APPLICANT INFORMATION (See instruction 1.)
a. TYPED OR PRINTED NAME (Last, First, Middle Initial) | b. SEX | c. RACE
d. DATE OF BIRTH M M D D Y Y | e. SOCIAL SECURITY NUMBER | f. OTHER IDENTIFICATION NO. (passport, ID card)

2. I LAST VOTED or PLACE OF LAST REGISTRATION (Do not leave this section blank. See instructions.)
a. YEAR | b. COUNTY, CITY, OR TOWNSHIP | c. STATE | d. VOTER REGISTRATION NO. (If known)

3. VOTING RESIDENCE (For military, legal residence. For overseas civilians, last residence in U.S.. IF USING RURAL ROUTE, SEE INSTRUCTIONS.) | e. LAST DATE OF RESIDENCY M M D D Y Y
b. NUMBER AND STREET (Do not use Post Office Box)
c. CITY, TOWN OR VILLAGE | d. STATE
e. COUNTY OR PARISH | f. ZIP CODE (9 digit, if known)

4. MAIL ABSENTEE BALLOT TO: (Mailing address where you want the ballot to be sent.)

5. YOUR FAX NUMBER (If this application is faxed, include all international prefixes. See instructions.)

6. POLITICAL PARTY AFFILIATION (This information is required by most states to send you a ballot for primary elections. See instructions.)

7. REMARKS (Provide additional information which will assist local election officials in determining your eligibility to register and vote. See instructions.)

8. AFFIRMATION BY APPLICANT
(X only one: a.,b.,c., or d.)
I swear/affirm, under penalty of perjury, that I am: (See instructions)
a. a member of the Uniformed Services or merchant marine on active duty, or an eligible spouse or dependent.
b. a U.S. citizen temporarily residing outside the U.S.
c. a U.S. citizen overseas by virtue of employment or accompanying spouse or dependent.
d. other U.S. citizen residing outside the U.S.
e. I am a U.S. citizen, eligible to vote in the above jurisdiction, and subscribe to any required state/local oath or statement.
f. I have not been convicted of a felony or other disqualifying offense or been adjudicated mentally incompetent, or if so, my voting rights have been reinstated.
g. I am not registering, requesting a ballot, or voting in any other jurisdiction in the U.S.
h. The information on this form is true and complete.

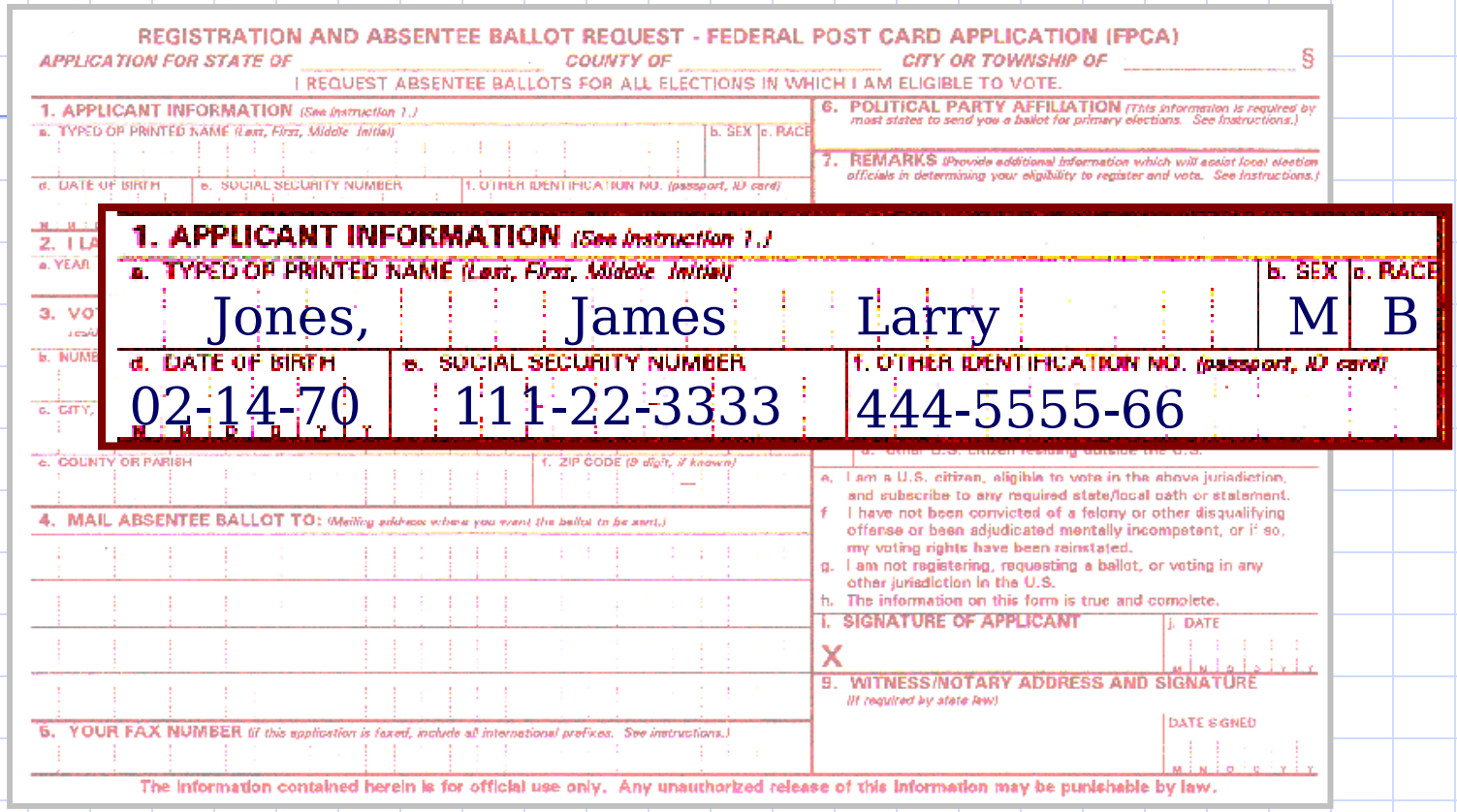
i. SIGNATURE OF APPLICANT
X
j. DATE M M D D Y Y

9. WITNESS/NOTARY ADDRESS AND SIGNATURE
(If required by state law)
DATE SIGNED M M D D Y Y

The information contained herein is for official use only. Any unauthorized release of this information may be punishable by law.

The Federal Post Card Application (FPCA, SF-76)

Federal Voting Assistance Program


REGISTRATION AND ABSENTEE BALLOT REQUEST - FEDERAL POST CARD APPLICATION (FPCA)

APPLICATION FOR STATE OF _____ COUNTY OF _____ CITY OR TOWNSHIP OF _____ §

I REQUEST ABSENTEE BALLOTS FOR ALL ELECTIONS IN WHICH I AM ELIGIBLE TO VOTE.

1. APPLICANT INFORMATION (See instruction 1.)

a. TYPED OR PRINTED NAME (Last, First, Middle Initial) | b. SEX | c. RACE

d. DATE OF BIRTH | e. SOCIAL SECURITY NUMBER | f. OTHER IDENTIFICATION NO. (passport, ID card)

6. POLITICAL PARTY AFFILIATION (This information is required by most states to send you a ballot for primary elections. See instructions.)

7. REMARKS (Provide additional information which will assist local election officials in determining your eligibility to register and vote. See instructions.)

1. APPLICANT INFORMATION (See instruction 1.)

a. TYPED OR PRINTED NAME (Last, First, Middle Initial)			b. SEX	c. RACE
Jones,	James	Larry	M	B

d. DATE OF BIRTH	e. SOCIAL SECURITY NUMBER	f. OTHER IDENTIFICATION NO. (passport, ID card)
02-14-70	111-22-3333	444-5555-66

4. MAIL ABSENTEE BALLOT TO: (Mailing address where you want the ballot to be sent.)

5. YOUR FAX NUMBER (If this application is faxed, include all international prefixes. See instructions.)

e. I am a U.S. citizen, eligible to vote in the above jurisdiction, and subscribe to any required state/local oath or statement.

f. I have not been convicted of a felony or other disqualifying offense or been adjudicated mentally incompetent, or if so, my voting rights have been reinstated.

g. I am not registering, requesting a ballot, or voting in any other jurisdiction in the U.S.

h. The information on this form is true and complete.

i. SIGNATURE OF APPLICANT X | j. DATE

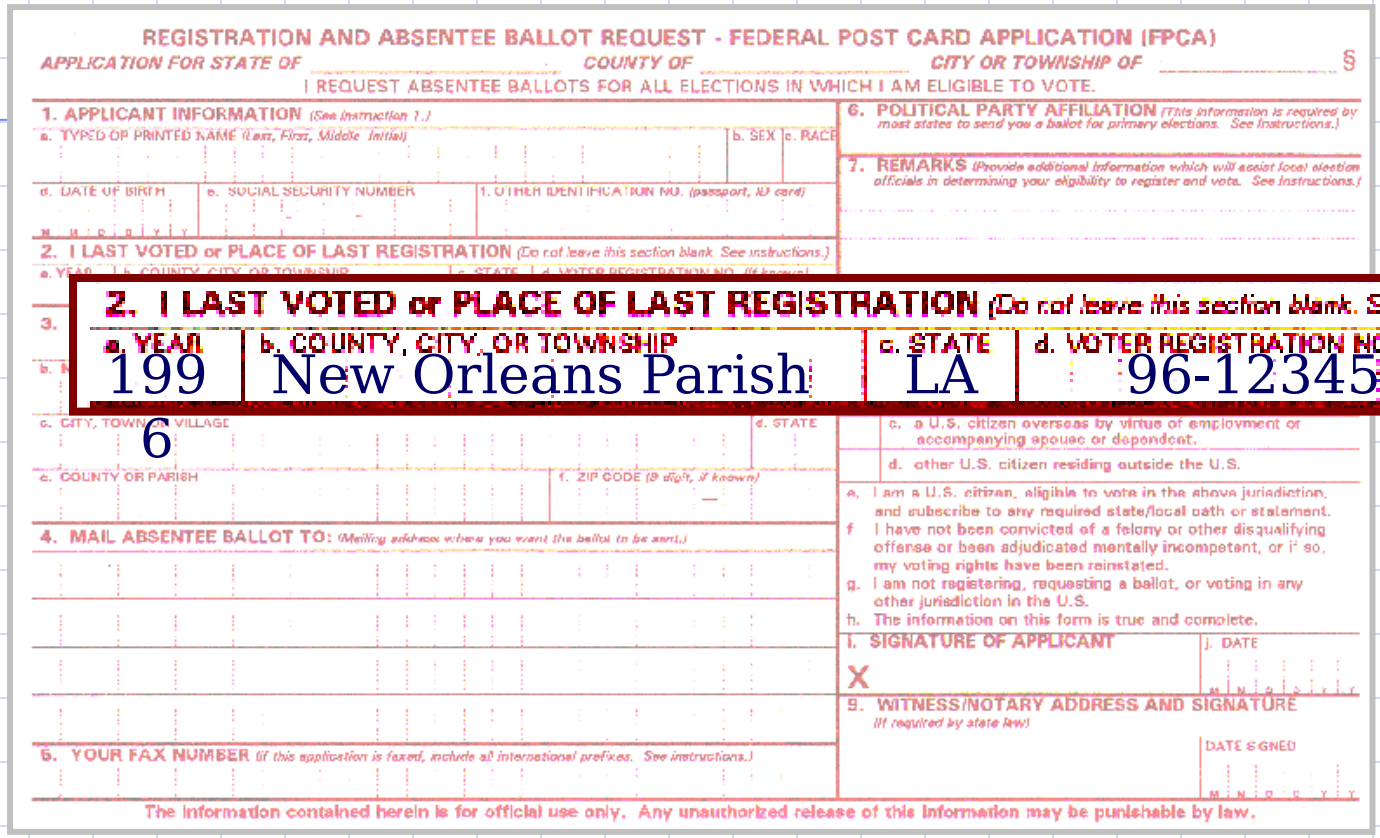
9. WITNESS/NOTARY ADDRESS AND SIGNATURE (If required by state law)

DATE SIGNED

The information contained herein is for official use only. Any unauthorized release of this information may be punishable by law.

Item 1: Applicant Information

Federal Voting Assistance Program



REGISTRATION AND ABSENTEE BALLOT REQUEST - FEDERAL POST CARD APPLICATION (FPCA)

APPLICATION FOR STATE OF _____ COUNTY OF _____ CITY OR TOWNSHIP OF _____ §

I REQUEST ABSENTEE BALLOTS FOR ALL ELECTIONS IN WHICH I AM ELIGIBLE TO VOTE.

1. APPLICANT INFORMATION (See instruction 1.)

a. TYPED OR PRINTED NAME (Last, First, Middle Initial) | b. SEX | c. RACE

d. DATE OF BIRTH (M M / D D / Y Y) | e. SOCIAL SECURITY NUMBER | f. OTHER IDENTIFICATION NO. (passport, ID card)

2. I LAST VOTED or PLACE OF LAST REGISTRATION (Do not leave this section blank. See instructions.)

a. YEAR | b. COUNTY, CITY, OR TOWNSHIP | c. STATE | d. VOTER REGISTRATION NO. (If known)

3.

b. N

c. CITY, TOWN, OR VILLAGE | d. STATE

e. COUNTY OR PARISH | f. ZIP CODE (5 digit, if known)

4. MAIL ABSENTEE BALLOT TO: (Mailing address where you want the ballot to be sent.)

5. YOUR FAX NUMBER (If this application is faxed, include all international prefixes. See instructions.)

6. POLITICAL PARTY AFFILIATION (This information is required by most states to send you a ballot for primary elections. See instructions.)

7. REMARKS (Provide additional information which will assist local election officials in determining your eligibility to register and vote. See instructions.)

c. a U.S. citizen overseas by virtue of employment or accompanying spouse or dependent.

d. other U.S. citizen residing outside the U.S.

e. I am a U.S. citizen, eligible to vote in the above jurisdiction, and subscribe to any required state/local oath or statement.

f. I have not been convicted of a felony or other disqualifying offense or been adjudicated mentally incompetent, or if so, my voting rights have been reinstated.

g. I am not registering, requesting a ballot, or voting in any other jurisdiction in the U.S.

h. The information on this form is true and complete.

i. SIGNATURE OF APPLICANT | j. DATE

X

9. WITNESS/NOTARY ADDRESS AND SIGNATURE (If required by state law)

DATE SIGNED (M M / D D / Y Y)

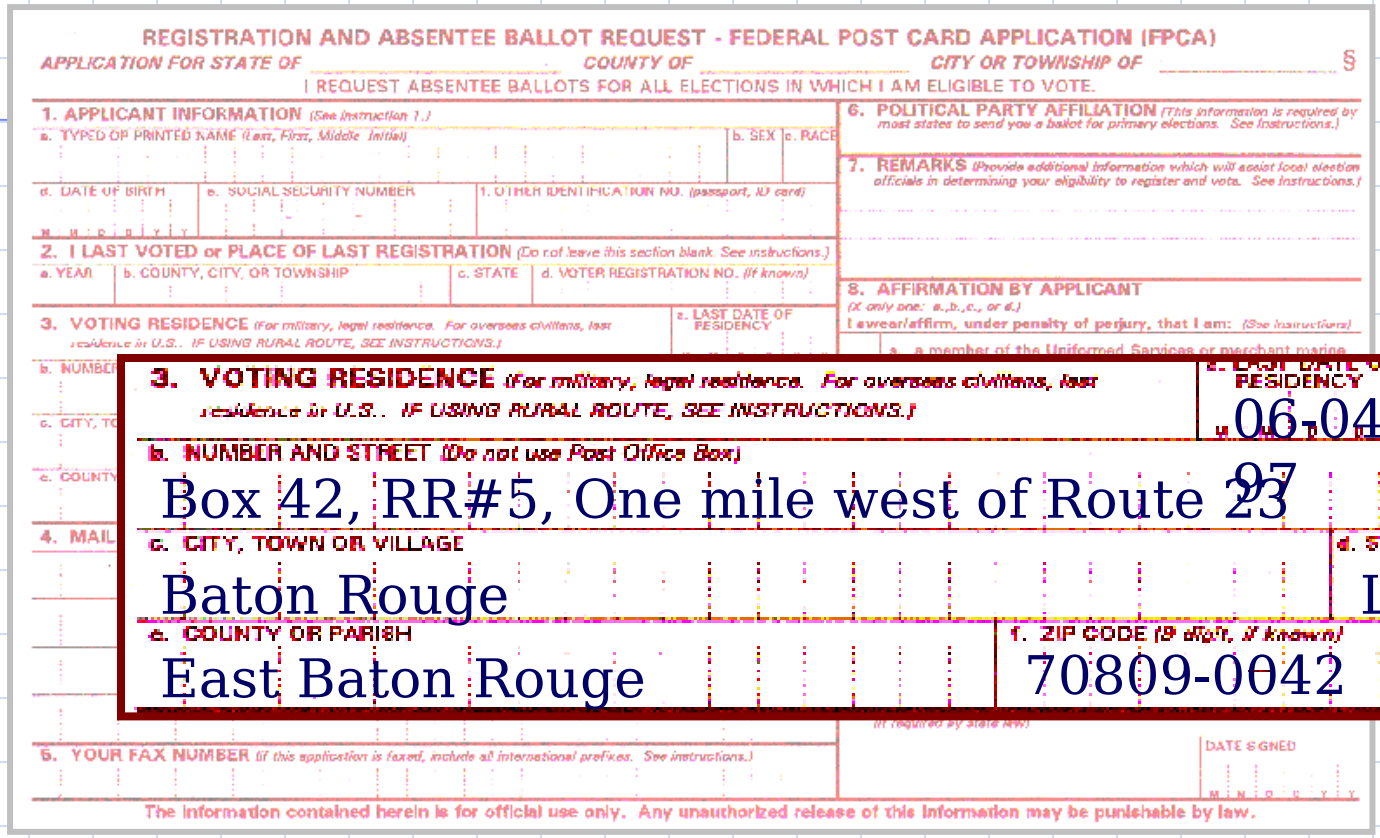
The information contained herein is for official use only. Any unauthorized release of this information may be punishable by law.

2. I LAST VOTED or PLACE OF LAST REGISTRATION (Do not leave this section blank. See instructions.)

a. YEAR	b. COUNTY, CITY, OR TOWNSHIP	c. STATE	d. VOTER REGISTRATION NO. (If known)
199 6	New Orleans Parish	LA	96-12345

Item 2: I Last Voted or Place of Last Registration

Federal Voting Assistance Program


REGISTRATION AND ABSENTEE BALLOT REQUEST - FEDERAL POST CARD APPLICATION (FPCA)

APPLICATION FOR STATE OF _____ COUNTY OF _____ CITY OR TOWNSHIP OF _____ §

I REQUEST ABSENTEE BALLOTS FOR ALL ELECTIONS IN WHICH I AM ELIGIBLE TO VOTE.

1. APPLICANT INFORMATION (See instruction 1.)

a. TYPED OR PRINTED NAME (Last, First, Middle Initial) b. SEX c. RACE

d. DATE OF BIRTH e. SOCIAL SECURITY NUMBER f. OTHER IDENTIFICATION NO. (passport, ID card)

M M D D Y Y

2. I LAST VOTED or PLACE OF LAST REGISTRATION (Do not leave this section blank. See instructions.)

a. YEAR b. COUNTY, CITY, OR TOWNSHIP c. STATE d. VOTER REGISTRATION NO. (If known)

3. VOTING RESIDENCE (For military, legal residence. For overseas civilians, last residence in U.S.. IF USING RURAL ROUTE, SEE INSTRUCTIONS.)

e. LAST DATE OF RESIDENCY

b. NUMBER

c. CITY, TO

c. COUNTY

4. MAIL

6. POLITICAL PARTY AFFILIATION (This information is required by most states to send you a ballot for primary elections. See instructions.)

7. REMARKS (Provide additional information which will assist local election officials in determining your eligibility to register and vote. See instructions.)

8. AFFIRMATION BY APPLICANT

(X only one: a.,b.,c., or d.)

I swear/affirm, under penalty of perjury, that I am: (See instructions)

a. a member of the Uniformed Services or merchant marine

3. VOTING RESIDENCE (For military, legal residence. For overseas civilians, last residence in U.S.. IF USING RURAL ROUTE, SEE INSTRUCTIONS.)

e. LAST DATE OF RESIDENCY 06-04-97

b. NUMBER AND STREET (Do not use Post Office Box)

Box 42, RR#5, One mile west of Route 23

c. CITY, TOWN OR VILLAGE

Baton Rouge

d. STATE

LA

e. COUNTY OR PARISH

East Baton Rouge

f. ZIP CODE (9 digit, if known)

70809-0042

(If required by State law)

5. YOUR FAX NUMBER (If this application is faxed, include all international prefixes. See instructions.)

DATE SIGNED

M M D D Y Y

The information contained herein is for official use only. Any unauthorized release of this information may be punishable by law.

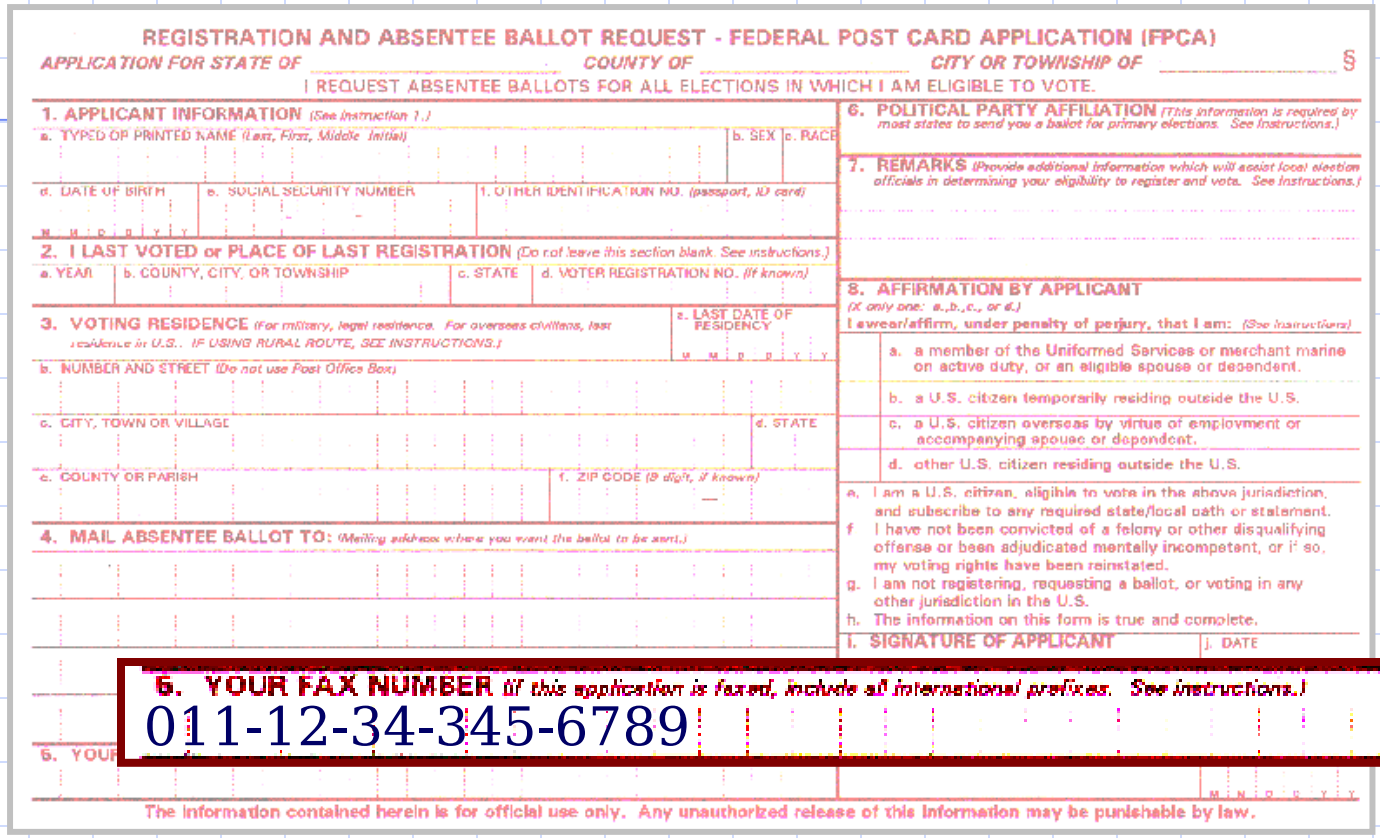
Item 3: Voting Residence

Federal Voting Assistance Program

REGISTRATION AND ABSENTEE BALLOT REQU
APPLICATION FOR STATE OF
I REQUEST ABSENTEE BALLOTS
1. APPLICANT INFORMATION (See instruction 1.)
a. TYPED OR PRINTED NAME (Last, First, Middle Initial)
d. DATE OF BIRTH
e. SOCIAL SECURITY NUMBER
2. I LAST VOTED or PLACE OF LAST REGISTRATION
a. YEAR
b. COUNTY, CITY, OR TOWNSHIP
c. STATE
4. MAIL ABSE
Jan
US
FE
DATE SIGNED
The inform
only. Any unauthorized release of this information may be punishable by law.
Remember to notify your LEO of all address changes!

Item 4: Mail Absentee [redacted]ot To:

Federal Voting Assistance Program



REGISTRATION AND ABSENTEE BALLOT REQUEST - FEDERAL POST CARD APPLICATION (FPCA)

APPLICATION FOR STATE OF _____ COUNTY OF _____ CITY OR TOWNSHIP OF _____ §

I REQUEST ABSENTEE BALLOTS FOR ALL ELECTIONS IN WHICH I AM ELIGIBLE TO VOTE.

1. APPLICANT INFORMATION (See instruction 1.)

a. TYPED OR PRINTED NAME (Last, First, Middle Initial) | b. SEX | c. RACE

d. DATE OF BIRTH (M M D D Y Y) | e. SOCIAL SECURITY NUMBER | f. OTHER IDENTIFICATION NO. (passport, ID card)

2. I LAST VOTED or PLACE OF LAST REGISTRATION (Do not leave this section blank. See instructions.)

a. YEAR | b. COUNTY, CITY, OR TOWNSHIP | c. STATE | d. VOTER REGISTRATION NO. (If known)

3. VOTING RESIDENCE (For military, legal residence. For overseas civilians, last residence in U.S.. IF USING RURAL ROUTE, SEE INSTRUCTIONS.) | e. LAST DATE OF RESIDENCY (M M D D Y Y)

b. NUMBER AND STREET (Do not use Post Office Box)

c. CITY, TOWN OR VILLAGE | d. STATE

e. COUNTY OR PARISH | f. ZIP CODE (9 digit, if known)

4. MAIL ABSENTEE BALLOT TO: (Mailing address where you want the ballot to be sent.)

5. YOUR FAX NUMBER (If this application is faxed, include all international prefixes. See instructions.)

011-12-34-345-6789

6. POLITICAL PARTY AFFILIATION (This information is required by most states to send you a ballot for primary elections. See instructions.)

7. REMARKS (Provide additional information which will assist local election officials in determining your eligibility to register and vote. See instructions.)

8. AFFIRMATION BY APPLICANT

(X only one: a.,b.,c., or d.)

I swear/affirm, under penalty of perjury, that I am: (See instructions)

a. a member of the Uniformed Services or merchant marine on active duty, or an eligible spouse or dependent.

b. a U.S. citizen temporarily residing outside the U.S.

c. a U.S. citizen overseas by virtue of employment or accompanying spouse or dependent.

d. other U.S. citizen residing outside the U.S.

e. I am a U.S. citizen, eligible to vote in the above jurisdiction, and subscribe to any required state/local oath or statement.

f. I have not been convicted of a felony or other disqualifying offense or been adjudicated mentally incompetent, or if so, my voting rights have been reinstated.

g. I am not registering, requesting a ballot, or voting in any other jurisdiction in the U.S.

h. The information on this form is true and complete.

i. SIGNATURE OF APPLICANT | j. DATE (M M D D Y Y)

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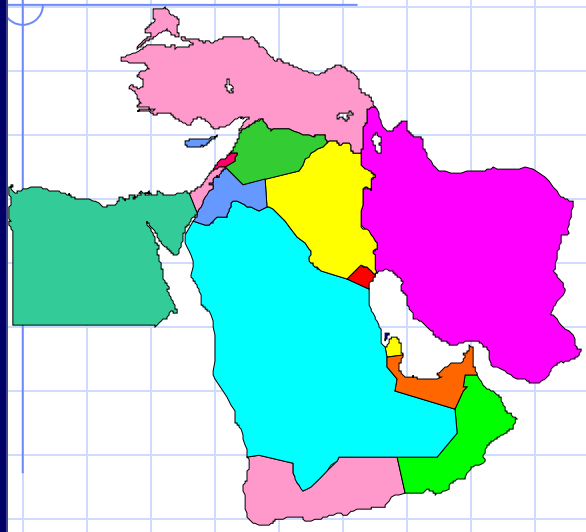
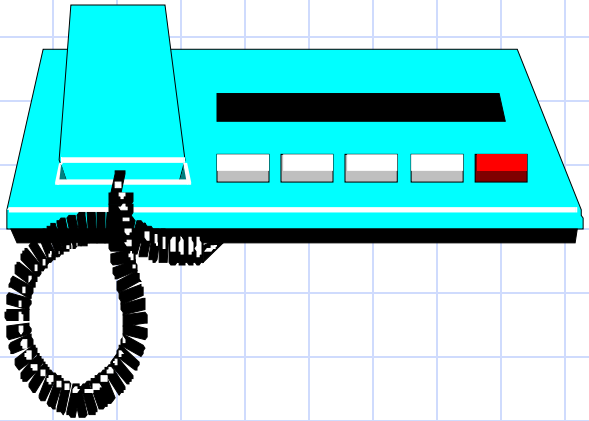
Item 5: Your Fax Number

Federal Voting Assistance Program

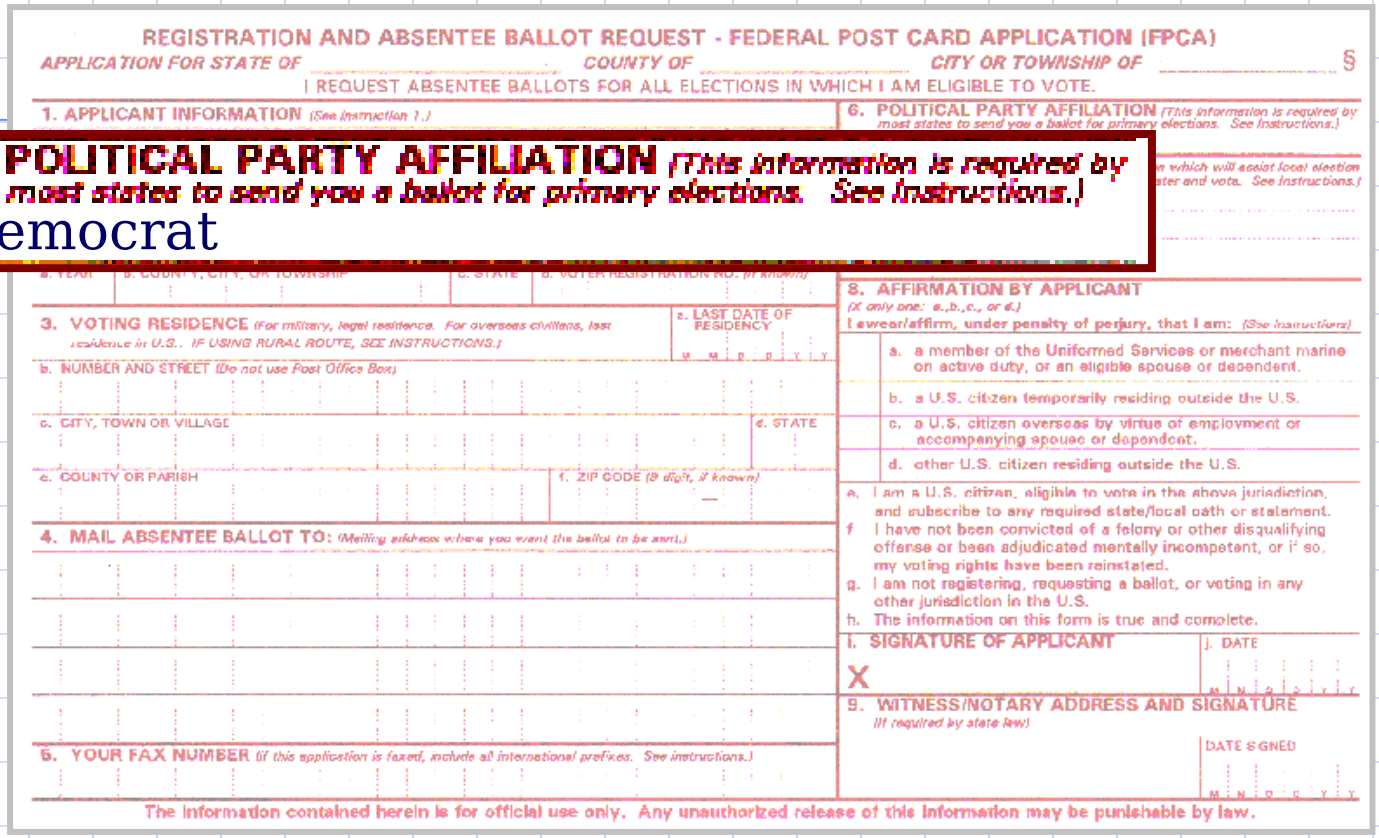
Faxing Service





Check the Voting Assistanc e Guide

Federal Voting Assistance Program



REGISTRATION AND ABSENTEE BALLOT REQUEST - FEDERAL POST CARD APPLICATION (FPCA)

APPLICATION FOR STATE OF _____ COUNTY OF _____ CITY OR TOWNSHIP OF _____ §

I REQUEST ABSENTEE BALLOTS FOR ALL ELECTIONS IN WHICH I AM ELIGIBLE TO VOTE.

1. APPLICANT INFORMATION (See instruction 1.)

6. POLITICAL PARTY AFFILIATION (This information is required by most states to send you a ballot for primary elections. See instructions.)

6. POLITICAL PARTY AFFILIATION *(This information is required by most states to send you a ballot for primary elections. See instructions.)*

Democrat

3. VOTING RESIDENCE (For military, legal residence. For overseas civilians, last residence in U.S.. IF USING RURAL ROUTE, SEE INSTRUCTIONS.)

a. LAST DATE OF RESIDENCY M M D D Y Y

b. NUMBER AND STREET (Do not use Post Office Box)

c. CITY, TOWN OR VILLAGE

d. STATE

e. COUNTY OR PARISH

f. ZIP CODE (9 digit, if known)

4. MAIL ABSENTEE BALLOT TO: (Mailing address where you want the ballot to be sent.)

5. YOUR FAX NUMBER (If this application is faxed, include all international prefixes. See instructions.)

8. AFFIRMATION BY APPLICANT

(X only one: a.,b.,c., or d.)

I swear/affirm, under penalty of perjury, that I am: (See instructions)

a. a member of the Uniformed Services or merchant marine on active duty, or an eligible spouse or dependent.

b. a U.S. citizen temporarily residing outside the U.S.

c. a U.S. citizen overseas by virtue of employment or accompanying spouse or dependent.

d. other U.S. citizen residing outside the U.S.

e. I am a U.S. citizen, eligible to vote in the above jurisdiction, and subscribe to any required state/local oath or statement.

f. I have not been convicted of a felony or other disqualifying offense or been adjudicated mentally incompetent, or if so, my voting rights have been reinstated.

g. I am not registering, requesting a ballot, or voting in any other jurisdiction in the U.S.

h. The information on this form is true and complete.

i. SIGNATURE OF APPLICANT

X

j. DATE M M D D Y Y

9. WITNESS/NOTARY ADDRESS AND SIGNATURE (If required by state law)

DATE SIGNED M M D D Y Y

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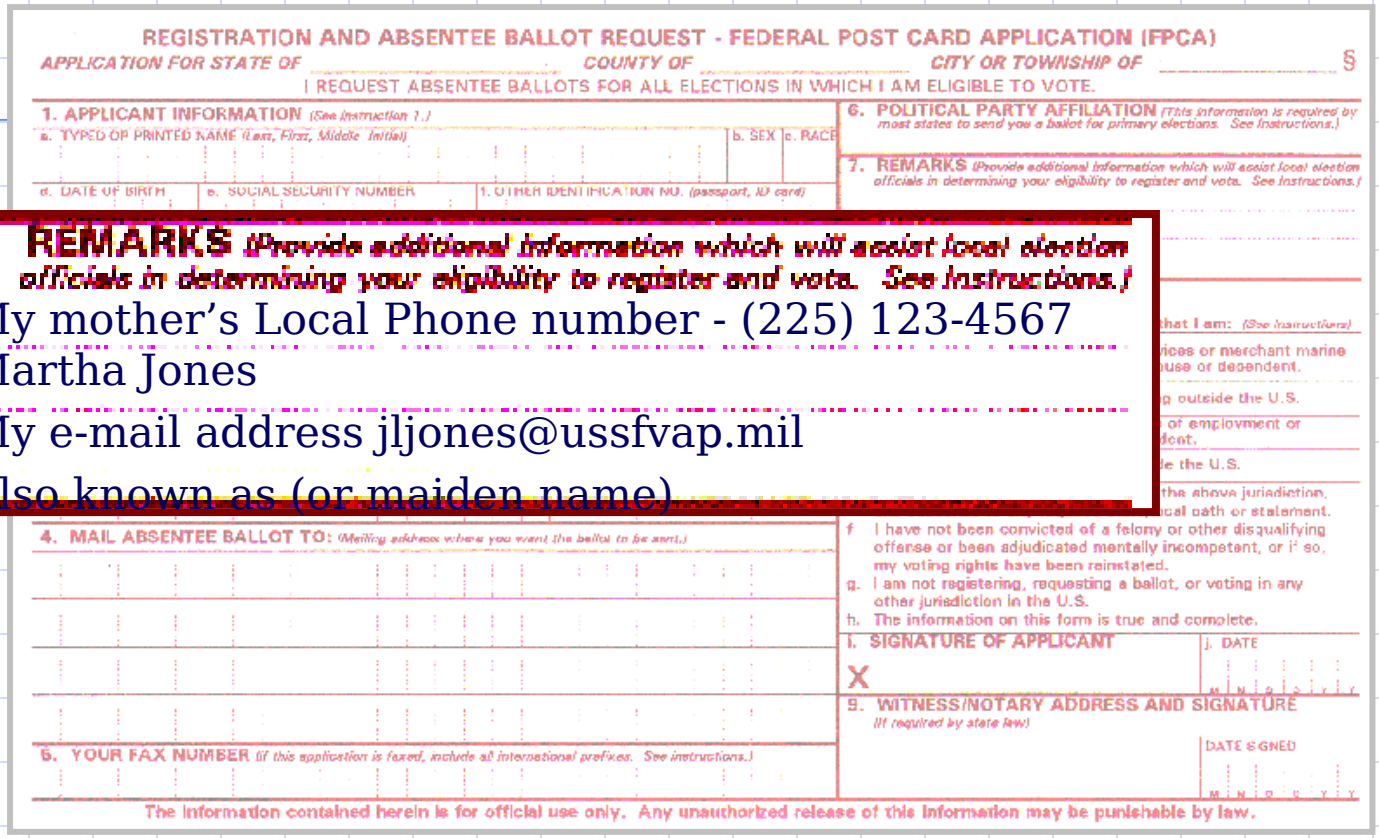
Item 6: Political Party Affiliation

Federal Voting Assistance Program


REGISTRATION AND ABSENTEE BALLOT REQUEST - FEDERAL POST CARD APPLICATION (FPCA)

APPLICATION FOR STATE OF _____ COUNTY OF _____ CITY OR TOWNSHIP OF _____ §

I REQUEST ABSENTEE BALLOTS FOR ALL ELECTIONS IN WHICH I AM ELIGIBLE TO VOTE.

1. APPLICANT INFORMATION (See instruction 1.)

a. TYPED OR PRINTED NAME (Last, First, Middle Initial) | b. SEX | c. RACE

d. DATE OF BIRTH | e. SOCIAL SECURITY NUMBER | f. OTHER IDENTIFICATION NO. (passport, ID card)

6. POLITICAL PARTY AFFILIATION (This information is required by most states to send you a ballot for primary elections. See instructions.)

7. REMARKS (Provide additional information which will assist local election officials in determining your eligibility to register and vote. See instructions.)

4. MAIL ABSENTEE BALLOT TO: (Mailing address where you want the ballot to be sent.)

5. YOUR FAX NUMBER (If this application is faxed, include all international prefixes. See instructions.)

f. I have not been convicted of a felony or other disqualifying offense or been adjudicated mentally incompetent, or if so, my voting rights have been reinstated.

g. I am not registering, requesting a ballot, or voting in any other jurisdiction in the U.S.

h. The information on this form is true and complete.

i. SIGNATURE OF APPLICANT

X

j. DATE

9. WITNESS/NOTARY ADDRESS AND SIGNATURE (If required by state law)

DATE SIGNED

The information contained herein is for official use only. Any unauthorized release of this information may be punishable by law.

7. REMARKS *(Provide additional information which will assist local election officials in determining your eligibility to register and vote. See instructions.)*

My mother's Local Phone number - (225) 123-4567

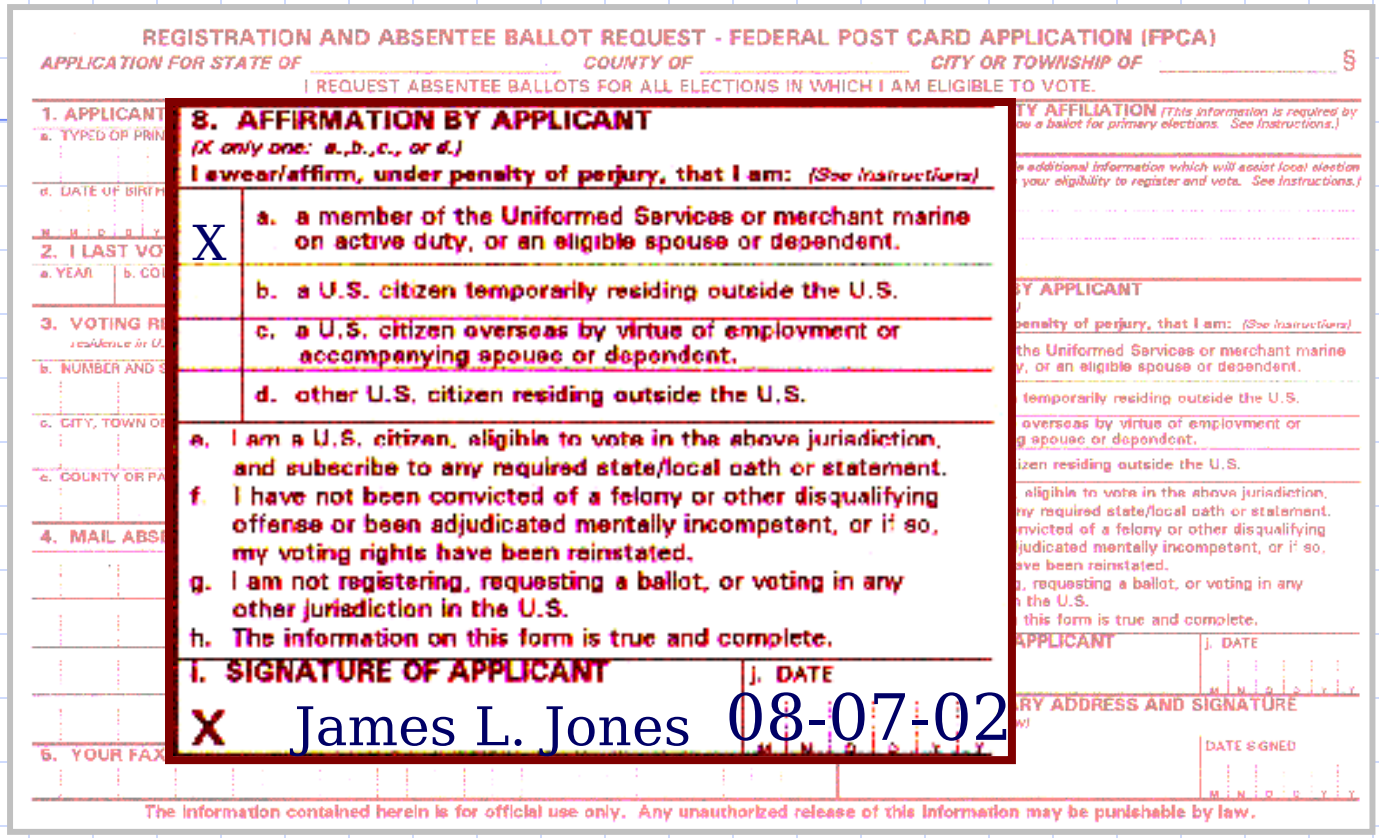
Martha Jones

My e-mail address jljones@ussfvap.mil

Also known as (or maiden name)

Item 7: Remarks

Federal Voting Assistance Program



REGISTRATION AND ABSENTEE BALLOT REQUEST - FEDERAL POST CARD APPLICATION (FPCA)

APPLICATION FOR STATE OF _____ COUNTY OF _____ CITY OR TOWNSHIP OF _____ §

I REQUEST ABSENTEE BALLOTS FOR ALL ELECTIONS IN WHICH I AM ELIGIBLE TO VOTE.

8. AFFIRMATION BY APPLICANT

(X only one: a.,b.,c., or d.)

I swear/affirm, under penalty of perjury, that I am: *(See instructions)*

X	a. a member of the Uniformed Services or merchant marine on active duty, or an eligible spouse or dependent.
	b. a U.S. citizen temporarily residing outside the U.S.
	c. a U.S. citizen overseas by virtue of employment or accompanying spouse or dependent.
	d. other U.S. citizen residing outside the U.S.

e. I am a U.S. citizen, eligible to vote in the above jurisdiction, and subscribe to any required state/local oath or statement.

f. I have not been convicted of a felony or other disqualifying offense or been adjudicated mentally incompetent, or if so, my voting rights have been reinstated.

g. I am not registering, requesting a ballot, or voting in any other jurisdiction in the U.S.

h. The information on this form is true and complete.

i. SIGNATURE OF APPLICANT — j. DATE

X James L. Jones 08-07-02

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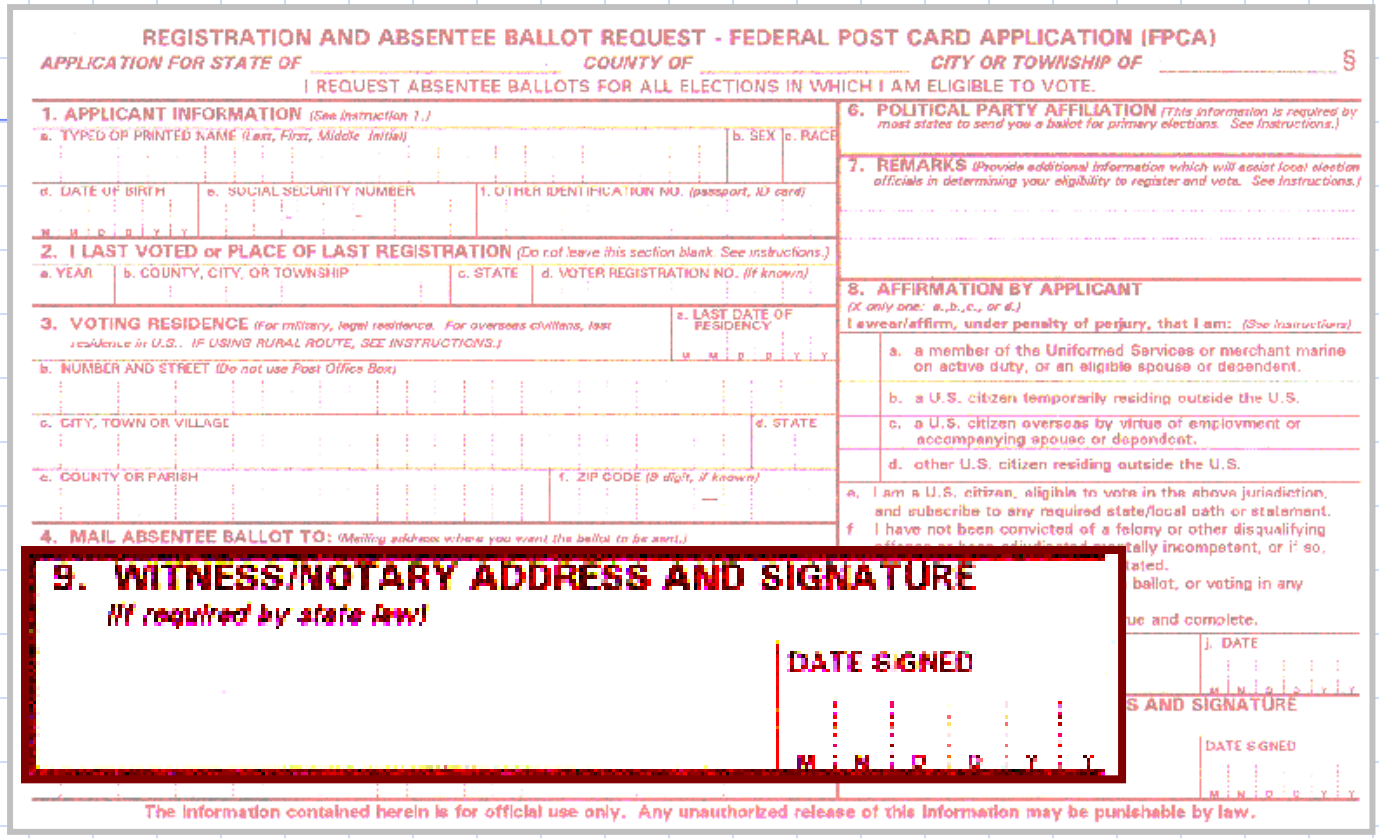
Item 8: Affirmation by Applicant

Federal Voting Assistance Program


REGISTRATION AND ABSENTEE BALLOT REQUEST - FEDERAL POST CARD APPLICATION (FPCA)

APPLICATION FOR STATE OF _____ COUNTY OF _____ CITY OR TOWNSHIP OF _____ §

I REQUEST ABSENTEE BALLOTS FOR ALL ELECTIONS IN WHICH I AM ELIGIBLE TO VOTE.

1. APPLICANT INFORMATION (See instruction 1.)

a. TYPED OR PRINTED NAME (Last, First, Middle Initial) | b. SEX | c. RACE

d. DATE OF BIRTH M M D D Y Y | e. SOCIAL SECURITY NUMBER | f. OTHER IDENTIFICATION NO. (passport, ID card)

2. I LAST VOTED or PLACE OF LAST REGISTRATION (Do not leave this section blank. See instructions.)

a. YEAR | b. COUNTY, CITY, OR TOWNSHIP | c. STATE | d. VOTER REGISTRATION NO. (If known)

3. VOTING RESIDENCE (For military, legal residence. For overseas civilians, last residence in U.S.. IF USING RURAL ROUTE, SEE INSTRUCTIONS.) | e. LAST DATE OF RESIDENCY M M D D Y Y

b. NUMBER AND STREET (Do not use Post Office Box)

c. CITY, TOWN OR VILLAGE | d. STATE

e. COUNTY OR PARISH | f. ZIP CODE (9 digit, if known)

4. MAIL ABSENTEE BALLOT TO: (Mailing address where you want the ballot to be sent.)

6. POLITICAL PARTY AFFILIATION (This information is required by most states to send you a ballot for primary elections. See instructions.)

7. REMARKS (Provide additional information which will assist local election officials in determining your eligibility to register and vote. See instructions.)

8. AFFIRMATION BY APPLICANT

(X only one: a.,b.,c., or d.)

I swear/affirm, under penalty of perjury, that I am: (See instructions)

a. a member of the Uniformed Services or merchant marine on active duty, or an eligible spouse or dependent.

b. a U.S. citizen temporarily residing outside the U.S.

c. a U.S. citizen overseas by virtue of employment or accompanying spouse or dependent.

d. other U.S. citizen residing outside the U.S.

e. I am a U.S. citizen, eligible to vote in the above jurisdiction, and subscribe to any required state/local oath or statement.

f. I have not been convicted of a felony or other disqualifying ...tally incompetent, or if so, ...ated.

...ballot, or voting in any

...ue and complete.

j. DATE M M D D Y Y

9. WITNESS/NOTARY ADDRESS AND SIGNATURE

(If required by state law)

DATE SIGNED M M D D Y Y

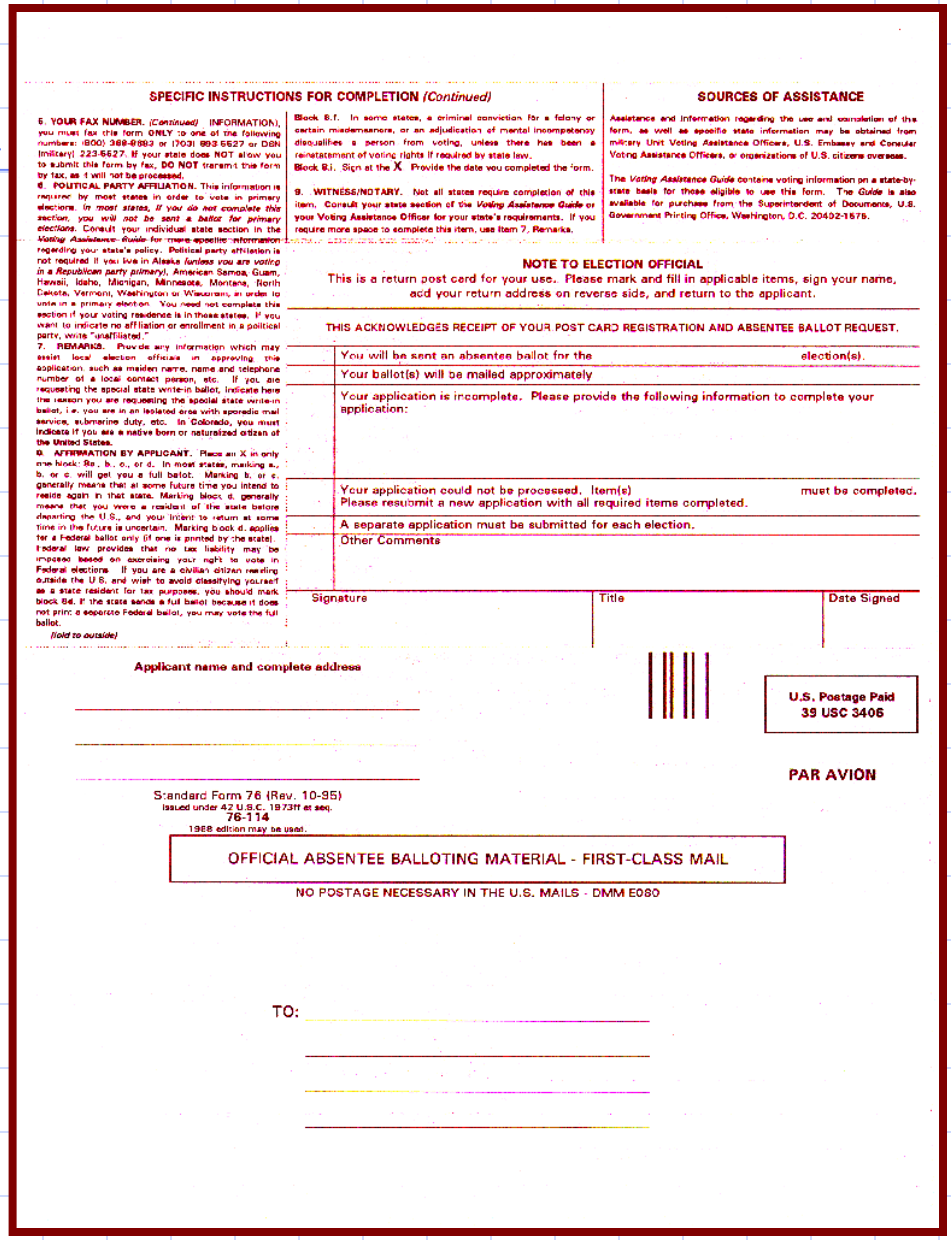
...S AND SIGNATURE

DATE SIGNED M M D D Y Y

The information contained herein is for official use only. Any unauthorized release of this information may be punishable by law.

Item 9: Witness / Notary Address and Signature

Federal Voting Assistance Program



SPECIFIC INSTRUCTIONS FOR COMPLETION *(Continued)*

6. YOUR FAX NUMBER. *(Continued)* INFORMATION), you must fax this form **ONLY** to one of the following numbers: (800) 368-8982 or (703) 693-5627 or DSN (military) 223-5627. If your state does **NOT** allow you to submit this form by fax, **DO NOT** transmit this form by fax, as it will not be processed.

d. POLITICAL PARTY AFFILIATION. This information is required by most states in order to vote in primary elections. *In most states, if you do not complete this section, you will not be sent a ballot for primary elections.* Consult your individual state section in the *Voting Assistance Guide* for more specific information regarding your state's policy. Political party affiliation is not required if you live in Alaska *(unless you are voting in a Republican party primary)*, American Samoa, Guam, Hawaii, Idaho, Michigan, Minnesota, Montana, North Dakota, Vermont, Washington or Wisconsin; in order to vote in a primary election. You need not complete this section if your voting residence is in these states. If you want to indicate no affiliation or enrollment in a political party, write "unaffiliated."

7. REMARKS. Provide any information which may assist local election officials in approving this application, such as maiden name, name and telephone number of a local contact person, etc. If you are requesting the special state write-in ballot, indicate here the reason you are requesting the special state write-in ballot, i.e. you are in an isolated area with sporadic mail service, submarine duty, etc. In Colorado, you must indicate if you are a native born or naturalized citizen of the United States.

8. AFFIRMATION BY APPLICANT. Place an X in only one block: 8a., b., c., or d. In most states, marking a., b. or c. will get you a full ballot. Marking b. or c. generally means that at some future time you intend to reside again in that state. Marking block d. generally means that you were a resident of the state before departing the U.S., and your intent to return at some time in the future is uncertain. Marking block d. applies for a Federal ballot only (if one is printed by the state). Federal law provides that no tax liability may be imposed based on exercising your right to vote in Federal elections. If you are a civilian citizen residing outside the U.S. and wish to avoid classifying yourself as a state resident for tax purposes, you should mark block 8d. If the state sends a full ballot because it does not print a separate Federal ballot, you may vote the full ballot.

(fold to outside)

Block 8.f. In some states, a criminal conviction for a felony or certain misdemeanors, or an adjudication of mental incompetency disqualifies a person from voting, unless there has been a reinstatement of voting rights if required by state law.

Block 8.i. Sign at the X. Provide the date you completed the form.

9. WITNESS/NOTARY. Not all states require completion of this item. Consult your state section of the *Voting Assistance Guide* or your Voting Assistance Officer for your state's requirements. If you require more space to complete this item, use Item 7, Remarks.

SOURCES OF ASSISTANCE

Assistance and information regarding the use and completion of this form, as well as specific state information may be obtained from military Unit Voting Assistance Officers, U.S. Embassy and Consular Voting Assistance Officers, or organizations of U.S. citizens overseas.

The *Voting Assistance Guide* contains voting information on a state-by-state basis for those eligible to use this form. The *Guide* is also available for purchase from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402-1875.

NOTE TO ELECTION OFFICIAL

This is a return post card for your use. Please mark and fill in applicable items, sign your name, add your return address on reverse side, and return to the applicant.

THIS ACKNOWLEDGES RECEIPT OF YOUR POST CARD REGISTRATION AND ABSENTEE BALLOT REQUEST.

- You will be sent an absentee ballot for the _____ election(s).
- Your ballot(s) will be mailed approximately _____
- Your application is incomplete. Please provide the following information to complete your application:
- Your application could not be processed. Item(s) _____ must be completed. Please resubmit a new application with all required items completed.
- A separate application must be submitted for each election.
- Other Comments

Signature | Title | Date Signed

Applicant name and complete address

U.S. Postage Paid
39 USC 3406

PAR AVION

Standard Form 76 (Rev. 10-95)
Issued under 42 U.S.C. 1973ff et seq.
76-114
1988 edition may be used.

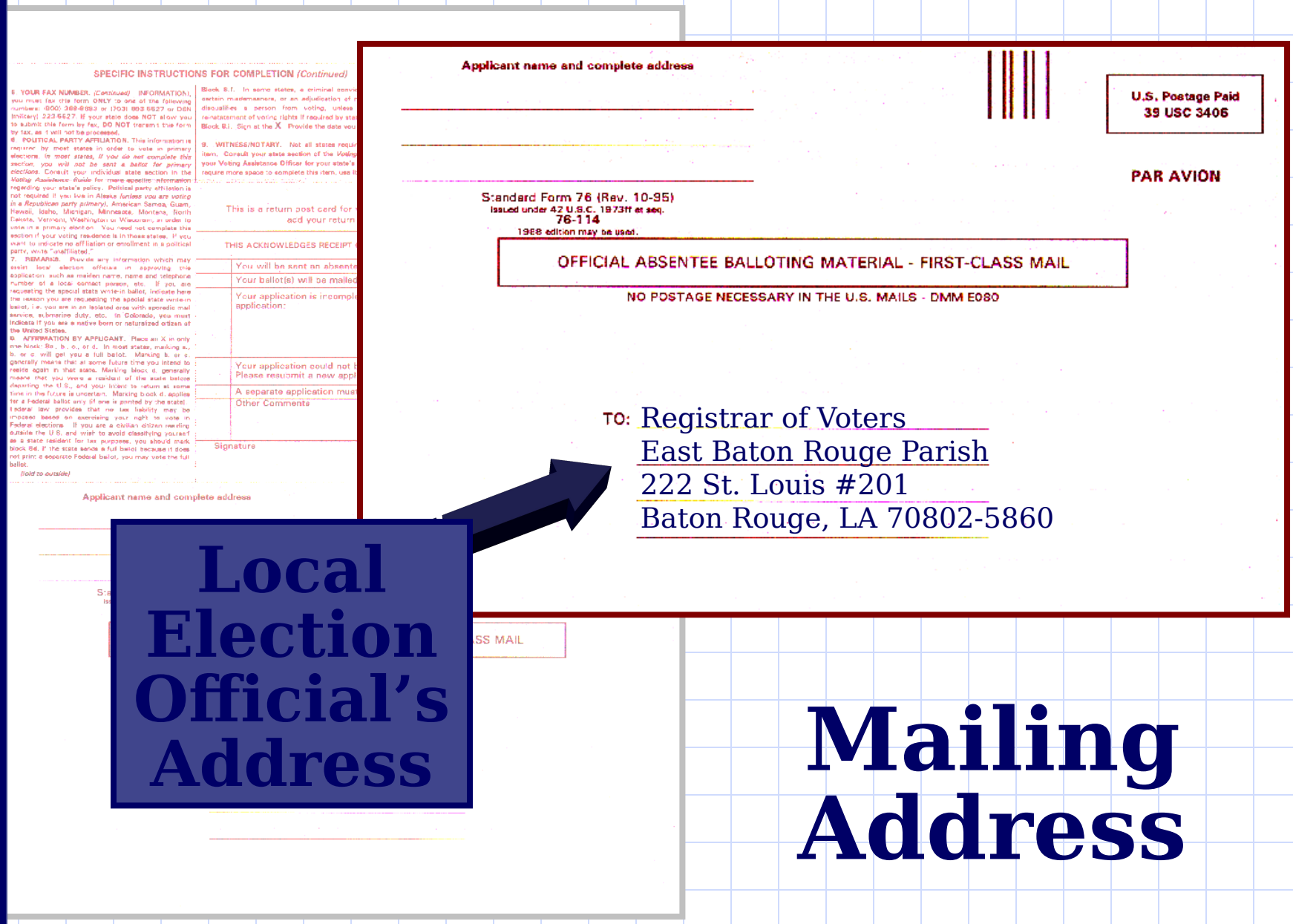
OFFICIAL ABSENTEE BALLOTING MATERIAL - FIRST-CLASS MAIL

NO POSTAGE NECESSARY IN THE U.S. MAILS - DMM E080

TO: _____

FPCA Instructions and Local Election Official Mailing Address (flip-side)

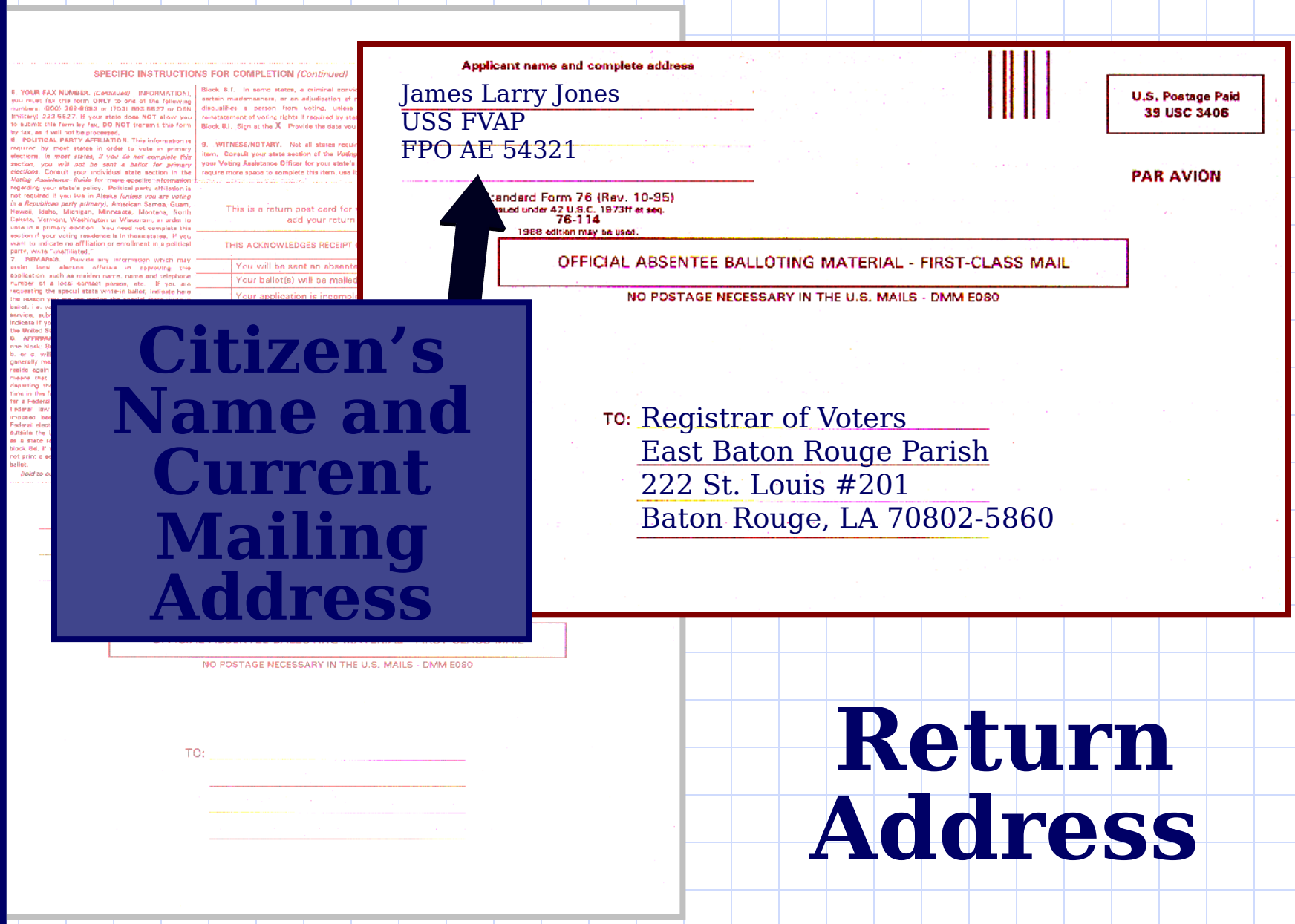
Federal Voting Assistance Program


Applicant name and complete address
U.S. Postage Paid
39 USC 3406
PAR AVION
Standard Form 76 (Rev. 10-95)
Issued under 42 U.S.C. 1973ff et seq.
76-114
1988 edition may be used.
OFFICIAL ABSENTEE BALLOTING MATERIAL - FIRST-CLASS MAIL
NO POSTAGE NECESSARY IN THE U.S. MAILS - DMM E080
TO: Registrar of Voters
East Baton Rouge Parish
222 St. Louis #201
Baton Rouge, LA 70802-5860

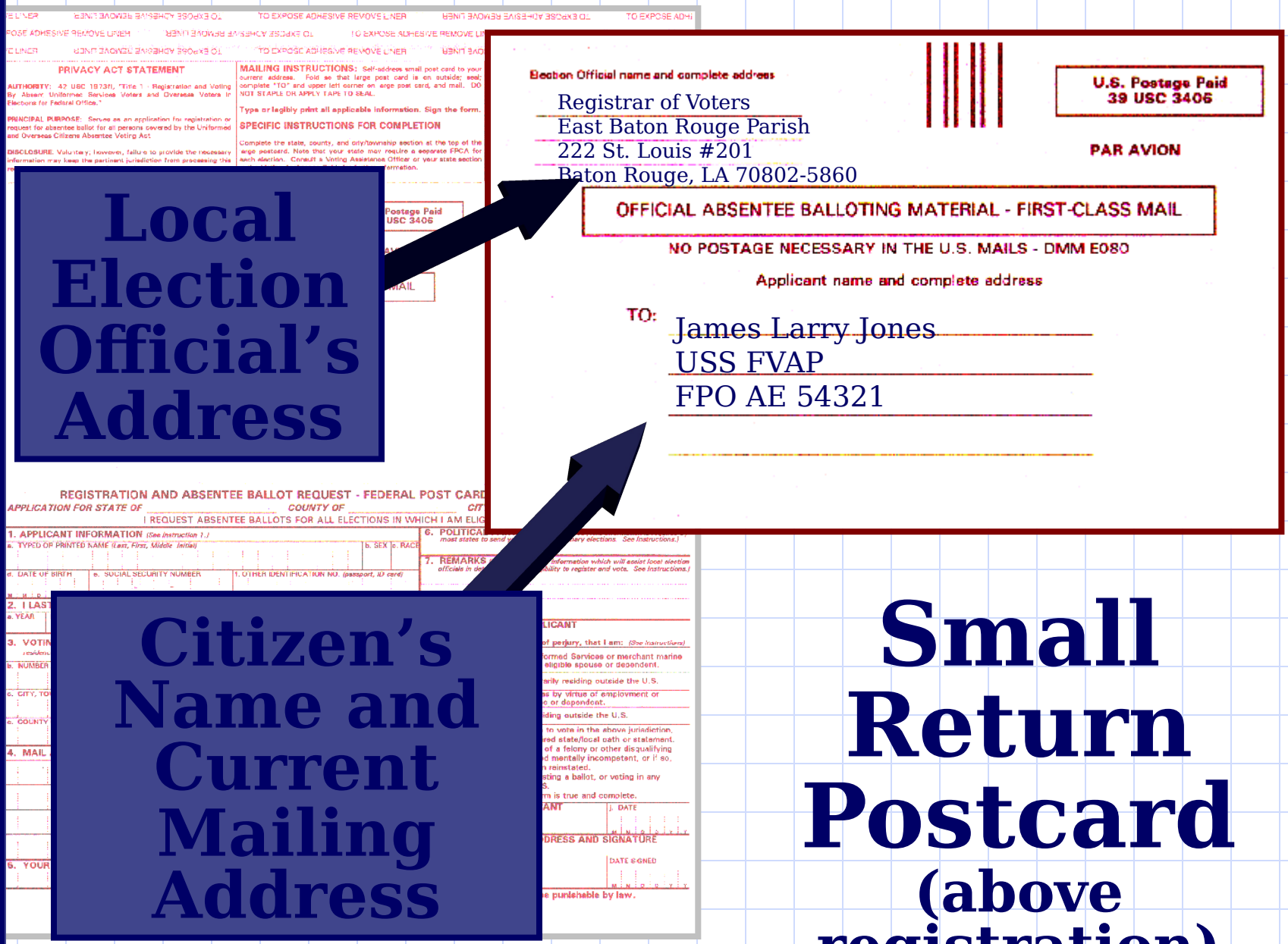
Local Election Official's Address

Mailing Address

Federal Voting Assistance Program


Applicant name and complete address
James Larry Jones
USS FVAP
FPO AE 54321
U.S. Postage Paid
39 USC 3406
PAR AVION
Standard Form 76 (Rev. 10-95)
76-114
1988 edition may be used.
OFFICIAL ABSENTEE BALLOTING MATERIAL - FIRST-CLASS MAIL
NO POSTAGE NECESSARY IN THE U.S. MAILS - DMM E080
TO: Registrar of Voters
East Baton Rouge Parish
222 St. Louis #201
Baton Rouge, LA 70802-5860
SPECIFIC INSTRUCTIONS FOR COMPLETION (Continued)
Citizen's Name and Current Mailing Address
Return Address

Federal Voting Assistance Program


Local Election Official's Address
Election Official name and complete address
Registrar of Voters
East Baton Rouge Parish
222 St. Louis #201
Baton Rouge, LA 70802-5860
U.S. Postage Paid
39 USC 3406
PAR AVION
OFFICIAL ABSENTEE BALLOTING MATERIAL - FIRST-CLASS MAIL
NO POSTAGE NECESSARY IN THE U.S. MAILS - DMM E080
Applicant name and complete address
TO:
James Larry Jones
USS FVAP
FPO AE 54321
PRIVACY ACT STATEMENT
MAILING INSTRUCTIONS:
SPECIFIC INSTRUCTIONS FOR COMPLETION
REGISTRATION AND ABSENTEE BALLOT REQUEST - FEDERAL POST CARD
Citizen's Name and Current Mailing Address

Small Return Postcard (above registration)

Federal Voting Assistance Program

Top Reasons FPCAs Cannot Be Processed:

- Inadequate or No Legal Voting Residence Address
- Inadequate or Illegible Current Mailing Address
- Illegible Writing
- Applied to Wrong Jurisdiction
- Failure to Indicate Party Preference
- No signature
- Received Too Late

Federal Post Card Application (FPCA)

- Also at this web site (http://www.fvap.gov)

  You can find information on:

-FAQs

-Communicating With Your Elected Officials

-On-Line Version of FPCA

-Many other helpful links

Vote

- If you want any information for you or your dependents or you need another card for you or your dependents, come see the Unit Voting Assistance Officer

Voting Is Your Responsibility